STATE OF BARALL LAKE COUNTY PLED FOR RECORD

2008 065981

2003 SEP 19 MAII: 08
MICHAEL A. DROWN

RETURN TO: HODGES & DAVIS, P.C.

Attorneys at Law 8700 Broadway Merrillville, IN 46410

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by THE METHODIST HOSPITALS, INC., Northlake Campus, 600 Grant Street, Gary, Indiana 46402, against <u>DRAKE GUNN</u>, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the <u>8th</u> day of <u>August</u>, 2008, and recorded on the <u>25th</u> day of <u>August</u>, 2008 (as instrument number <u>2008-060215</u>), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of <u>DRAKE GUNN</u>, in the amount of <u>One Thousand Six Hundred Forty Three</u> (\$1643.00) Dollars, is released this <u>15</u> day of <u>September</u>, 2008.

In the event full payment of the hospital charges has not been received, The Methodist

Hospitals, Inc. specifically reserves all rights it may have to collect the balance due.

THEMETHODIST HOSPITALS, INC.

BY:
Yolanda Jaime

STATE OF INDIANA

SS:

COUNTY OF LAKE

Yolanda Jaime, being the Service Unit Manager for the Northlake Campus of The Methodist Hospitals, Inc., being duly sworn upon her oath, says that the facts stated in the foregoing are true and correct.

Subscribed and sworn to before me, a Notary Public, this 15 day of Supernbur, 2008.

Notary Public A Resident of <u>YUV</u> County

My Commission Expires:

March 24, 2011

Official Seal
LISA STONE
Resident of Lake County, IN
My commission expires
March 24, 2011

I affirm, under the penalties for perjuty that I have taken reasonable care to redact each social security number in this document, unless required by law.

This instrument Prepared By:

Clyde D. Compton, Attorney at Law 8700 Broadway, Merrillville, IN 46410

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